

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Beason Nathan H.

1. Office, Agency, or Court

Agency Name
County of Nevada
Division, Board, Department, District, if applicable
Board of Supervisors
Your Position
Supervisor, District I

► If filing for multiple positions, list below or on an attachment.

Agency: See attached listing
Position: See attached listing

2. Jurisdiction of Office (Check at least one box)

☐ State
☒ Multi-County See attached listing
☐ City of _____
☐ Judge or Court Commissioner (Statewide Jurisdiction)
☐ County of _____
☐ Other _____

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2011, through December 31, 2011.
-or-
The period covered is ____/____/____, through December 31, 2011.
☐ Leaving Office: Date Left ____/____/____ (Check one)
☐ The period covered is January 1, 2011, through the date of leaving office.
☐ The period covered is ____/____/____, through the date of leaving office.
☐ Assuming Office: Date assumed ____/____/____
☐ Candidate: Election Year _____ Office sought, if different than Part 1: _____

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 4

☐ Schedule A-1 - Investments - schedule attached
☐ Schedule A-2 - Investments - schedule attached
☐ Schedule B - Real Property - schedule attached
☐ Schedule C - Income, Loans, & Business Positions - schedule attached
☐ Schedule D - Income - Gifts - schedule attached
☒ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

☐ None - No reportable interests on any schedule

I certify under penalty of perjury under the laws of the State of California that

Date Signed 2/14/2012
(month, day, year)

Signature

Nathan H. Beason, District I
Statement of Economic Interests
Expanded Statement 2011/2012

Agency:	Position:	Jurisdiction of Office
Area 4 Agency on Aging Governing Board	Member	Nevada, Placer, Sacramento, Sierra, Sutter, Yolo & Yuba Counties
CRHMFA California Rural Home Mortgage Finance Authority Homebuyers Fund (RCRC)	Delegate	See attached listing.
Environmental Services JPA (RCRC)	Delegate	See attached listing.
Local Agency Formation Commission	Alternate	Nevada, parts of Placer, Yuba, & Sierra Counties
Nevada County Finance Authority	Alternate	Nevada County
Nevada County Sanitation District No. 1	Director	Nevada County
Regional Council of Rural Counties (RCRC)	Member	See attached listing.
Transit Services Commission	Member	Nevada County
Transportation Commission also acting as NCALUC (Nevada County Airport Land Use Commission)	Member	Nevada County

FORM 700 Statement of Economic Interests for Calendar Year 2011

List of Agencies and Member Counties

NEVADA COUNTY

NATE BEASON

Agency

Position

CRHMFA Homebuyers Fund

Delegate

Environmental Services Joint Powers Authority

Delegate

List of Member Counties

Alpine County	Modoc County
Amador County	Mono County
Butte County	Napa County
Calaveras County	Nevada County
Colusa County	Placer County
Del Norte County	Plumas County
El Dorado County	San Benito County
Glenr County	Shasta County
Imperial County	Sierra County
Inyo County	Siskiyou County
Lake County	Sutter County
Lassen County	Tehama County
Madera County	Trinity County
Mariposa County	Tuolomne County
Merced County	Yolo County
	Yuba County

SCHEDULE E
Income – Gifts
Travel Payments, Advances,
and Reimbursements

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

Nathan H. Beason

- You must mark either the gift or income box.
- Mark the 501(c)(3) box for a travel payment received from a nonprofit 501(c)(3) organization. These payments are not subject to the \$420 gift limit, but may result in a disqualifying conflict of interest.

► NAME OF SOURCE

Regional Council of Rural Counties

ADDRESS (Business Address Acceptable)

801 12th Street, #600

CITY AND STATE

Sacramento CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE

☐ 501 (c)(3)

Legislative Services

DATE(S): 01 / 12 / 11 - 12 / 31 / 11 AMT: \$ 1,076.73
(If gift)

TYPE OF PAYMENT: (must check one) ☐ Gift ☒ Income

☐ Made a Speech/Participated in a Panel

☒ Other - Provide Description

Meal and expense reimbursement related to volunteer services on the RCRC Board of Directors

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE

☐ 501 (c)(3)

DATE(S): ____ / ____ / ____ - ____ / ____ / ____ AMT: \$ ____
(If gift)

TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income

☐ Made a Speech/Participated in a Panel

☐ Other - Provide Description

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE

☐ 501 (c)(3)

DATE(S): ____ / ____ / ____ - ____ / ____ / ____ AMT: \$ ____
(If gift)

TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income

☐ Made a Speech/Participated in a Panel

☐ Other - Provide Description

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE

☐ 501 (c)(3)

DATE(S): ____ / ____ / ____ - ____ / ____ / ____ AMT: \$ ____
(If gift)

TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income

☐ Made a Speech/Participated in a Panel

☐ Other - Provide Description

Comments: _____